

Child and Adult Care Food Program (CACFP)

SAMPLE NONPROFIT STATUS INCOME AND EXPENDITURE REPORT

Day Care Home Sponsor Administrative Costs

This form collects financial information on the **CACFP administrative costs only**. For instructions, see the Connecticut State Department of Education's (CSDE) [CACFP Nonprofit Status Income and Expenditure Report Instructions](#).

1. Reporting Period: Check the fiscal operating cycle covered by this report. <input type="checkbox"/> October 1, _____ – September 30, _____ <input type="checkbox"/> Other: _____ through _____ Months of Operation: _____									
2. Sponsor Name:					3. Sponsor Agreement Number:				
4. BEGINNING BALANCE in the CACFP Administrative Funds Account									
5. Program Revenue									
A. CACFP Reimbursement for Day Care Home Sponsor Administrative Costs									
B. Other Revenue									
TOTAL REVENUE									
6. Administrative Expenses									
A. Administrative Labor, Taxes and Benefits									
B. Equipment Purchases/Depreciation (Items with a value of \$5,000 or more)									
C. Supplies-Small Equipment Purchases (under \$5,000)									
D. Educational Supplies									
E. Printing									
F. Postage									
G. Office Space									
H. Utilities									
I. Insurance Premiums									
J. Contracted Services									
K. Equipment Rental/Lease									
L. Telephone									
M. Advertisement									
N. Dues, Subscriptions or Memberships									
O. Licensing Related Expense									
P. Other Administrative Services									
Q. Program Operations									
R. Provider and Staff Training									
S. Indirect Costs									
TOTAL ADMINISTRATIVE EXPENSES									
7. Computed Operating Position									
A. ENDING CASH BALANCE <i>(This cannot be a negative number)</i>									
B. Accounts Receivable									
C. Value of Inventories on Hand									
D. Total A+B+C									
E. Minus Accounts Payable									
F. Ending Balance									
Signature of the <i>Authorized Representative</i>					Title			Telephone number	

For State Office Use Only		
Total Expenses \$:	÷ (months of operation)	= Average Monthly Expenses \$:
Average Monthly Expenses \$:	X 3 =	3 Month Operating Balance \$:

CACFP NONPROFIT STATUS INCOME AND EXPENDITURE REPORT, continued

Day Care Home Sponsor Administrative Costs

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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For information on the CACFP, visit the CSDE's [CACFP](#) Web site or contact the [CACFP staff](#) in the Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

This document is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/cacfp/forms/IncExpHome.pdf.